

Name in Full

Certificate of Death

X  
Arnold

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Jan

3

Age

23

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

?

How long sick

Death

Immediate

?

151

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ettie Bowman

Town

County

Died at Accident Garrett

MARYLAND

Date 1903 Jan 23 Month Day Y. M. D. Native of Occupation

Age 3

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name Christian Bowman

Mother's Maiden Name Sadie Hurst

Cause of Primary

Diphtheria

How long sick

7 days

Death Immediate

Cardiac Paralysis

~~Accident, Suicide, Homicide~~

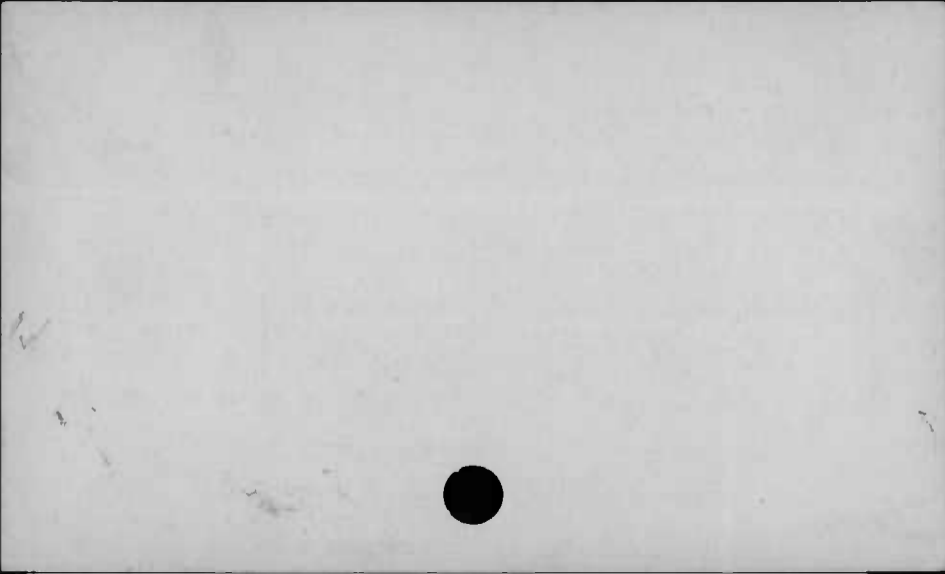
Reported by

R. A. Rambo

Address

Accident Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Horace Bowman*

Town

County

MARYLAND

Died at *Accident Garrett*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19*03* *Jan* *27* Age *14*

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name *Christian Bowman*

Mother's

Maiden Name *Ladie Burst*

Cause of Primary

*Diphtheria*

How long sick

*15 days*

Death Immediate

*Cardiac failure*

Accident, Suicide, Homicide

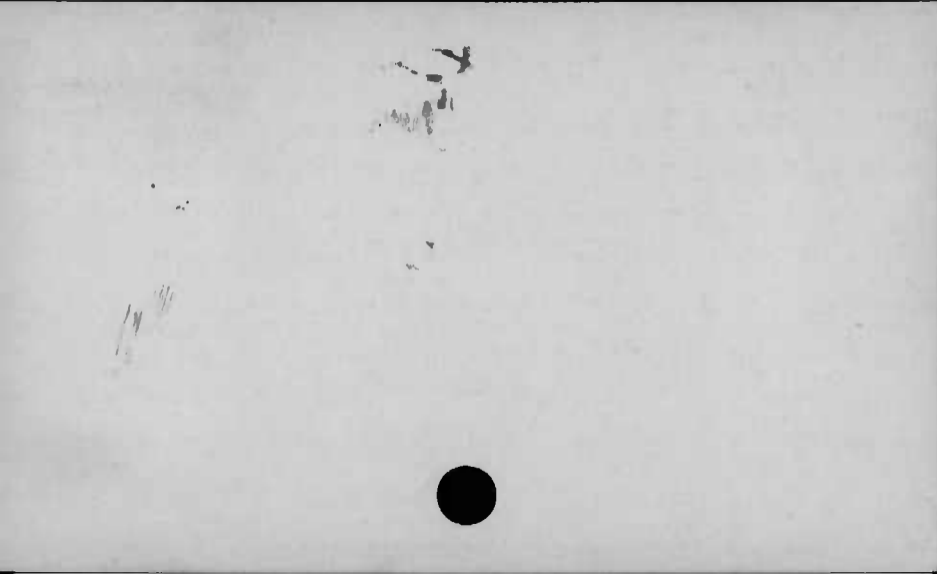
Reported by

*R. R. Ambrose*

Address

*Accident Rd*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name *E. C. Costeel* X  
 Died at *near McHenry* Town *Garrett* County  
 Date 1903 *Jan 23* Month *Jan* Day *23* Y. *44* M. *1* D. *3* Native of *md* Occupation *farmer*  
 Male *White* Married *Widow* ~~Divorced~~ *Number of children living 7*  
 Female *Colored* ~~Single~~ *Widower*  
 Husband of *Mary E. Savage*  
 Wife  
 Father's Name Mother's Name  
 Maiden Name

Cause of *Typhoid fever* Primary  
 Death *Immediate* Immediate  
 How long sick *30 days*  
 Accident, Suicide, Homicide  
 Reported by *S. Savage Undertaker*  
 Address *Friendville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

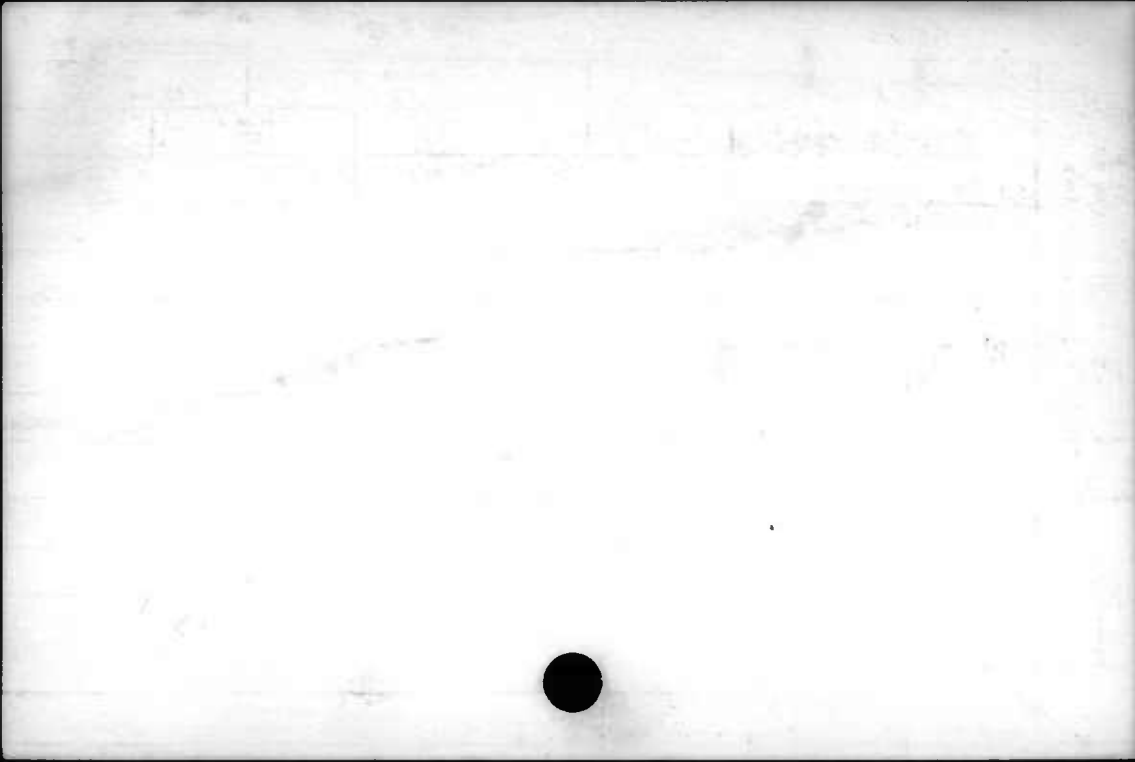
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Billinger</i> Town		<i>Garnett</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>22</i>	Age	Years	Months <i>8</i> Days <i>1</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>single</i>		Occupation <i>none</i>			
Name of Wife or Husband					
Father's Name <i>Jacob Fazenbaker</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Bargiller</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Jacob Fazenbaker</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	How long <i>30 day</i>
Immediate <i>pneumonia</i>	How long <i>30</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. L. Berens MD</i>
	Address <i>Grantsville Md</i>
Accident or Suicide?	



Name  
in  
Full

*Peter Gantner* X

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sunny side</i>		Town <i>Home</i>		County <i>North</i>		MAYLAND	
Date of death 1903	Month <i>January</i>	Day <i>14</i>	Age <i>80</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Pa.</i>					
Married, <del>Single</del> or Widowed <i>widower</i>		Occupation					
Name of Wife or Husband <i>-</i>							
Father's Name <i>-</i>				Father's Birthplace <i>-</i>			
Mother's Maiden Name <i>-</i>				Mother's Birthplace <i>-</i>			
Name of person giving information <i>John E. Knowen</i>				How related to deceased <i>-</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>General Debility</i>	How long	<i>-</i>
Immediate		How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John E. Knowen</i>	
		Address <i>Sunny side</i>	
Accident or Suicide?			



Name  
in  
Full

Miss Susan Green

## CERTIFICATE OF DEATH

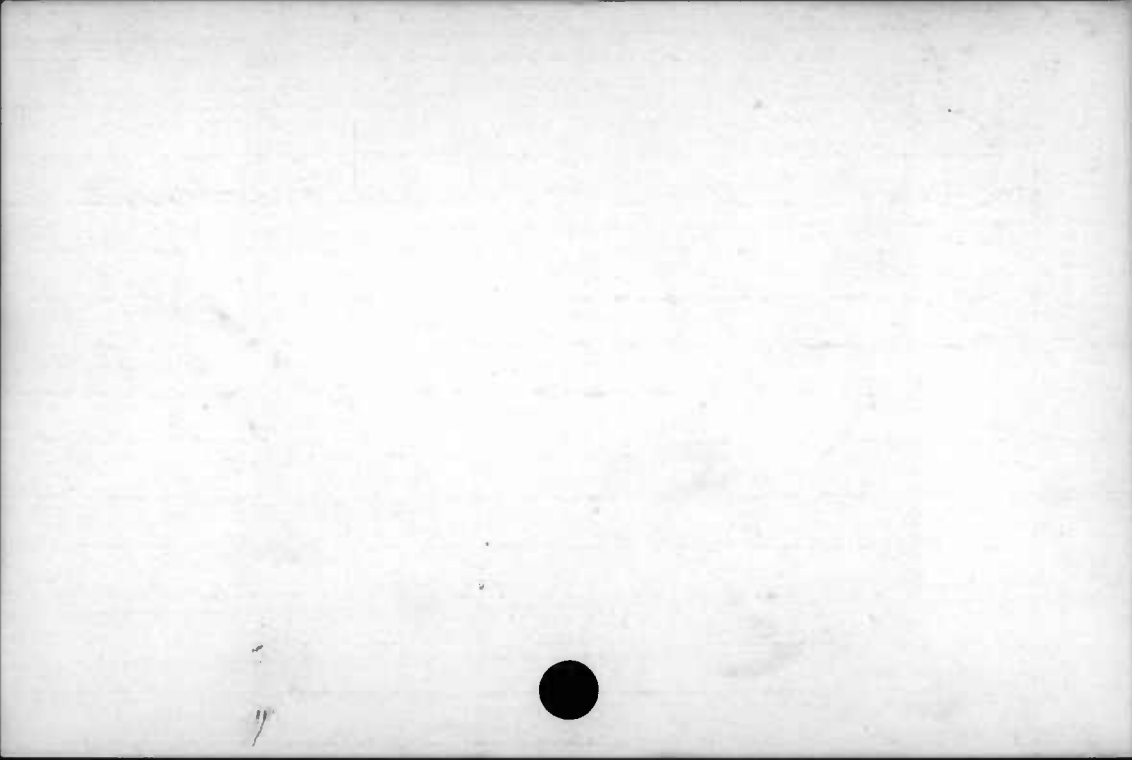
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Deer Park</i>		County <i>Garrett</i>		MARYLAND	
Date of death 190	3	Month <i>Jan</i>	Day <i>30</i>	Age <i>87</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth- place <i>✓</i>				
Married, Single or Widowed <i>Widow</i>		Occupation <i>None</i>					
Name of Wife or Husband <i>Green</i>							
Father's Name <i>✓</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>154 —</i>			
Name of person giving Information <i>W.B. Miller</i>				How related to deceased <i>Grandson</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Found dead in bed</i>		How long	<i>Sudden</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>None</i>		
Address				
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

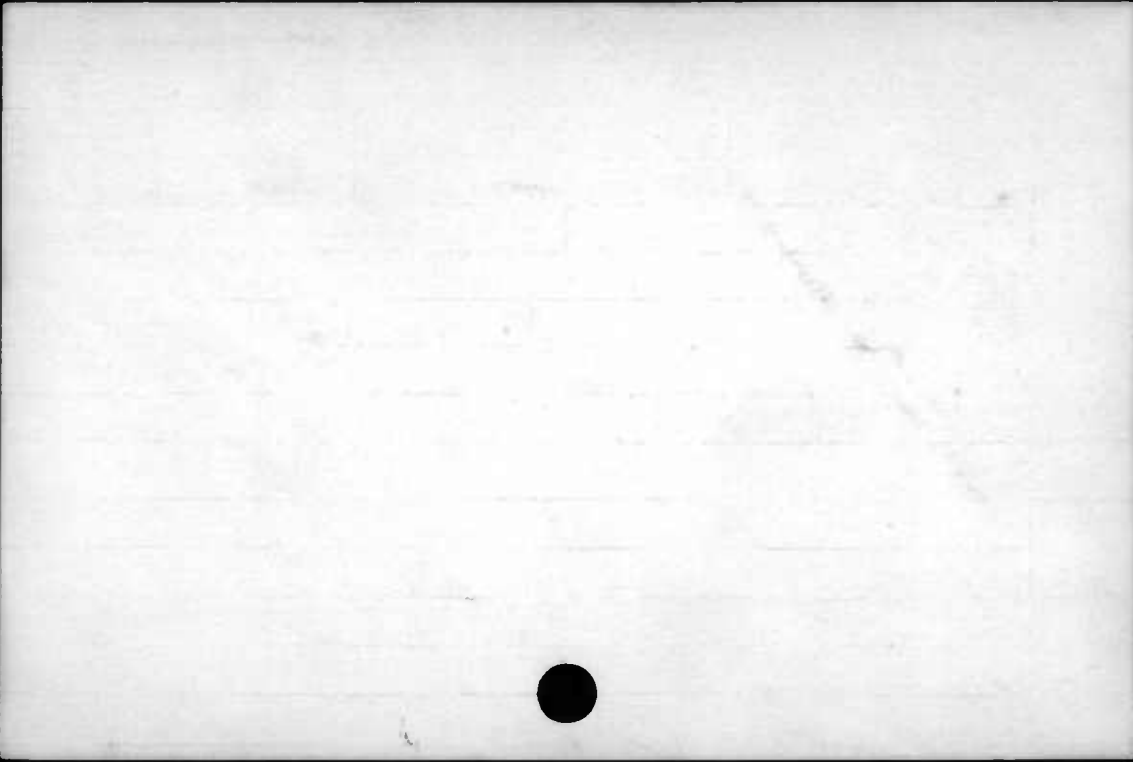
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Altamont</i> Town <i>Garrett</i> County		MARYLAND	
Date of death <i>Jun 30</i> 190 <i>3</i>	Month <i>Jun</i>	Day <i>30</i>	Age <i>20 Mo</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Altamont</i>	Occupation
Married, Single or Widowed <input checked="" type="checkbox"/> Single		Occupation	
Name of Wife or Husband		Occupation	
Father's Name <i>A. F. Jetties</i>		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <i>92</i>		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

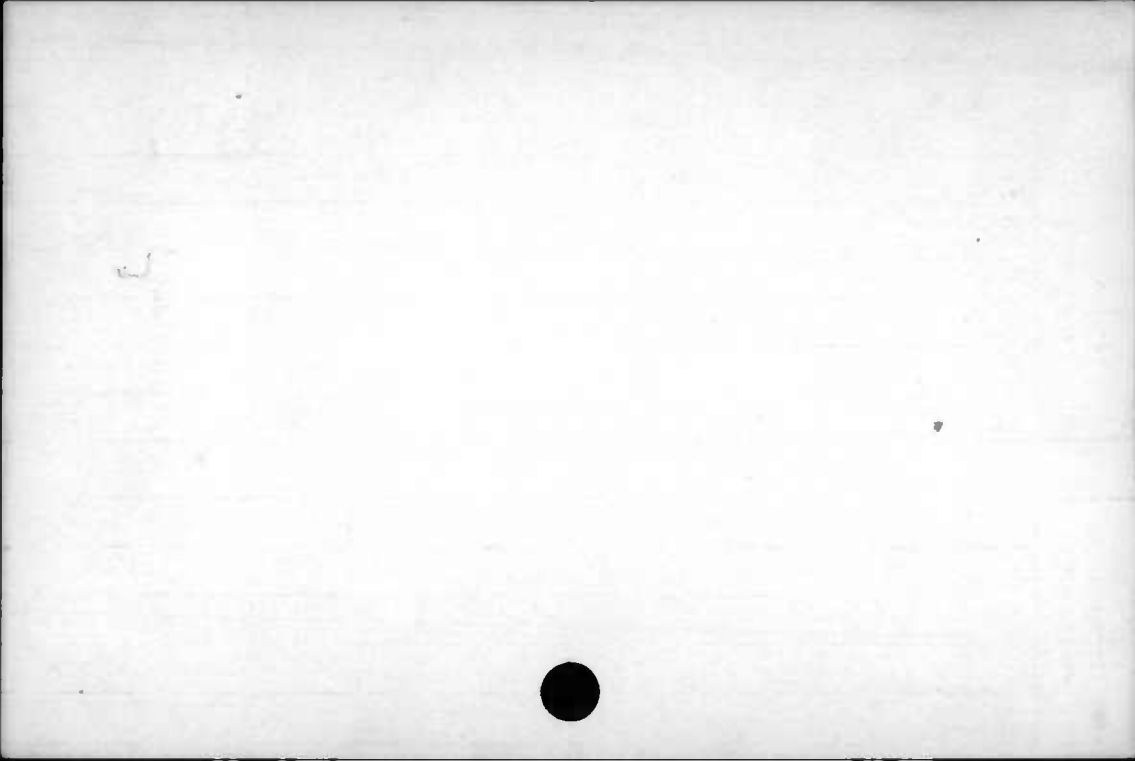
Primary <i>Broncho pneumonia</i>	How long
Immediate <i>Cerebral abscess Septicemia</i>	How long <i>from cerebral</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. W. McGraw</i>
	Address <i>Oakland, Maryland</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name in Full		Mary T Landstreet				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 1903		Month	Day	Age	Years	Months
	Sex		Color or Race	Birth-place			
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
	Name of person giving Information		How related to deceased				

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
		Address
	Accident or Suicide?	



Name  
in  
Full

Rodolf Matutzeck

## CERTIFICATE OF DEATH

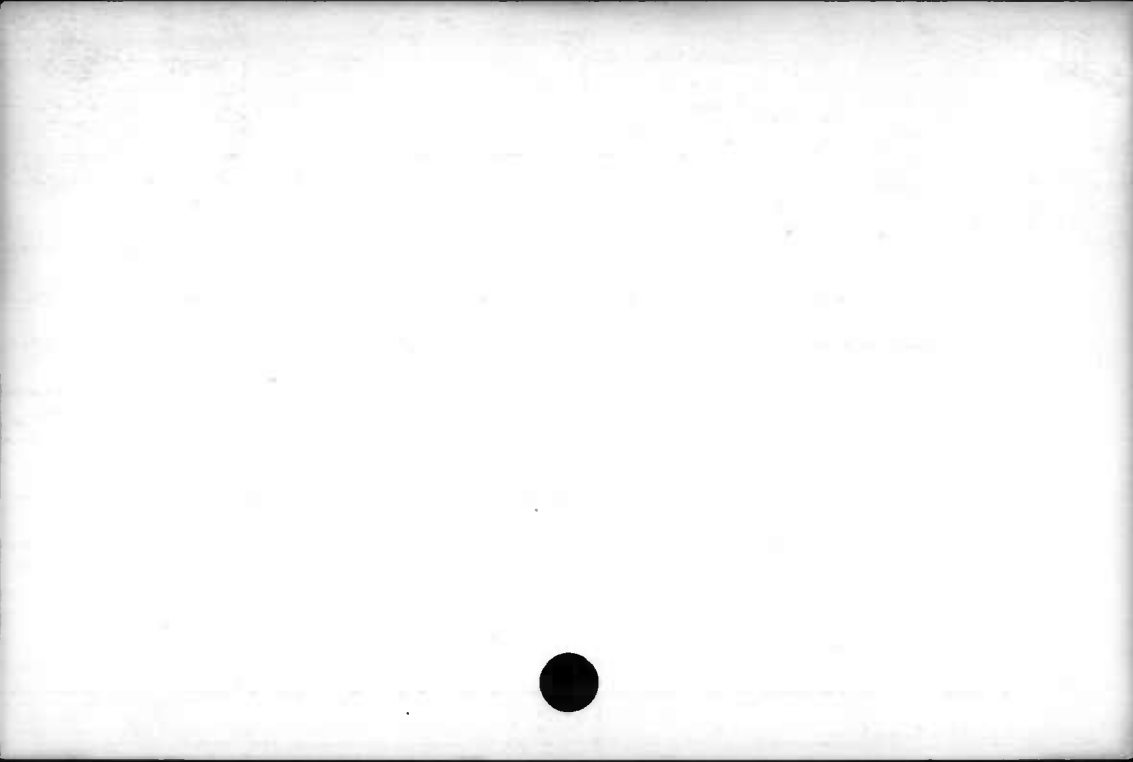
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Jenning</i> Town		<i>Barrett</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>21</i>	Age Years	Months	Days <i>28</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Barrett Co Md</i>		
Married, Single or Widowed			Occupation <i>None</i>		
Name of Wife or Husband					
Father's Name <i>Charles Matutzeck</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Salves, Subert</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Chas Matutzeck</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Congestive</i>	How long
Immediate <i>Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. J. Evans</i>
	Address <i>Franklin</i>
Accident or Suicide? <i>No</i>	<i>Md</i>



X  
Policy

Died at Queen Town Ymmt County Ymmt MARYLAND

Date 19 23 Month 1 Day 4 Age 2 Y. M. D. Native of Occupation  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

~~Husband~~ of

~~Wife~~

Father's Name Zora Policy Mother's Name Ida Miller

Cause of Death { Primary Meutromous Encep How long sick 2 days  
 Immediate 9 Accident, Suicide, Homicide

Reported by M.C. Hunsbrough

Address Queen md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Andrew Jackson Rhodes

Town

County

Died at

Beckham

Garrett

MARYLAND

Date 1903.

Month

Day

Y.

M.

D.

Native of

Occupation

Jan. 17

Age

74.1.14

Md.

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

11

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Acute Gastritis

How long sick

About 7 Hrs.

Death

Immediate

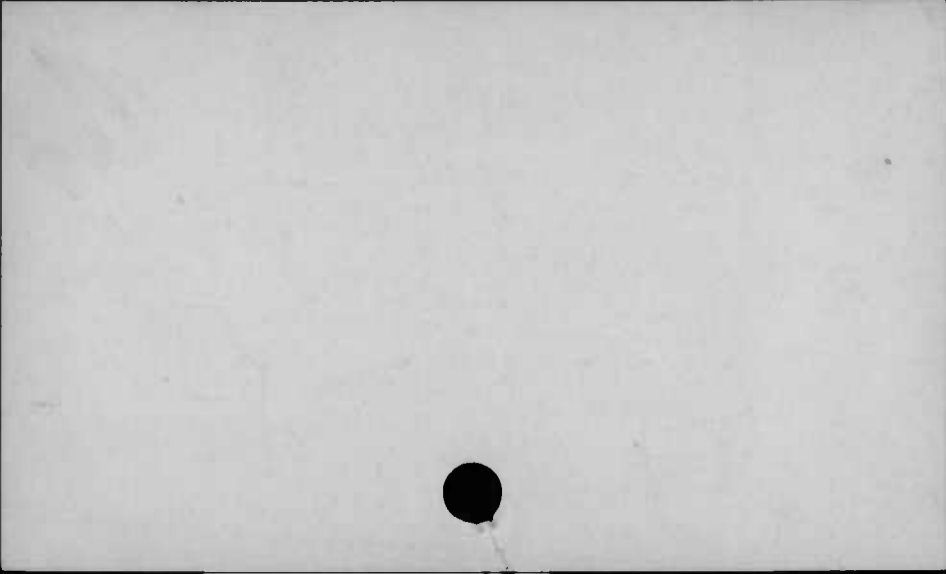
Exhaustion 104

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lyda. A. Savage

Town

County

Died near Weaver

Garrett

MARYLAND

Date 1903 Jan 11 Age 78 - Native of Md Occupation House wife

Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 5

Husband of Wm. H. Savage

Wife

Father's Name Mother's Name

Maiden Name

Cause of Death { Primary old age  
 Immediate

How long sick 5 months

Accident, Suicide, Homicide

Reported by S. Savage Undertaker

Address Friendsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Jm Savage*  
Town *Feaver* County *Garrett* MARYLAND

Died at  
Date 1903 *1* Month *25* Day Age *82* Y. M. D. Native of *Md* Occupation  
Male White ~~Married~~ ~~Widow~~ Divorced Number of children living *5*  
~~Female~~ ~~Colored~~ ~~Single~~ Widower

Husband of \_\_\_\_\_  
Wife \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Maiden Name \_\_\_\_\_

Cause of Death { Primary *Old age* Immediate  
How long sick  
~~Accident, Suicide, Homicide~~

Reported by *A. A. Mason* *MD.*  
Address *Frederick* *Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

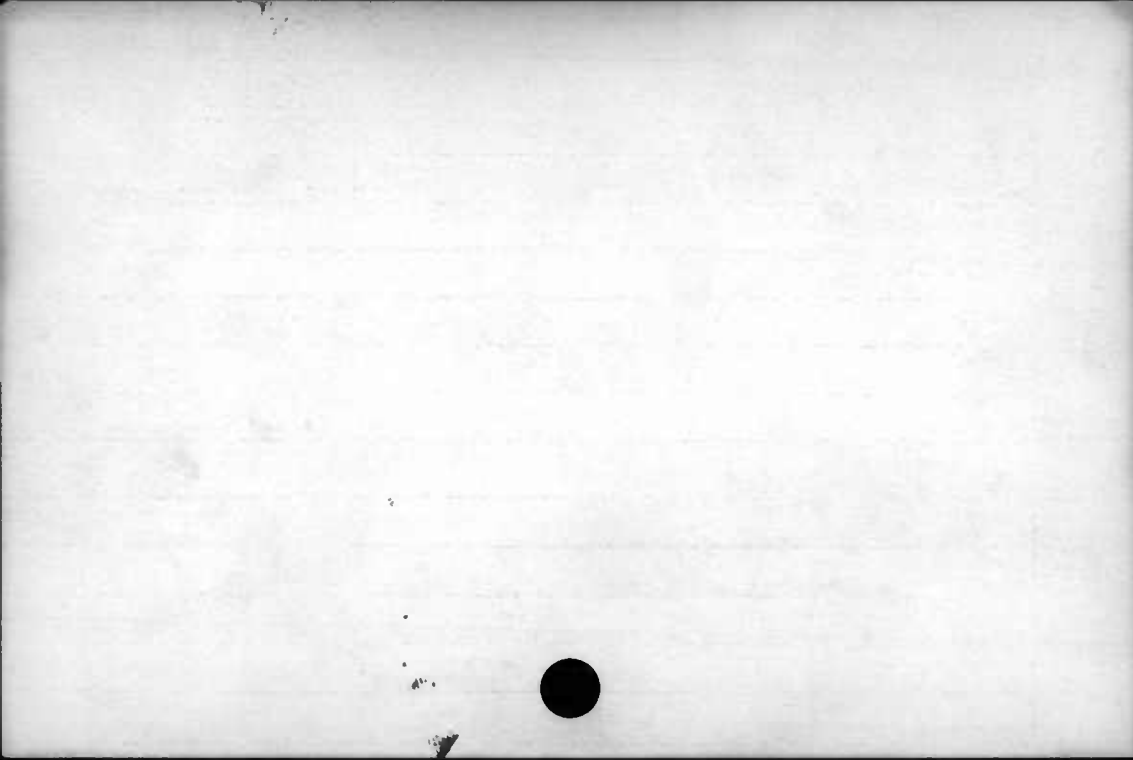
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Colland</i>		County <i>Harriet</i>		MARYLAND					
Date of death 1903		Month <i>Jan</i>		Day <i>25</i>		Age <i>1</i>		Months <i>6</i>		Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth- place <i>MD</i>							
Married, Single or Widowed <i>✓</i>				Occupation <i>✓</i>							
Name of Wife or Husband <i>✓</i>											
Father's Name <i>Andrew Shatzger</i>				Father's Birthplace <i>✓</i>							
Mother's Maiden Name <i>Miss Rump</i>				Mother's Birthplace <i>✓</i>							
Name of person giving Information <i>92</i>				How related to deceased							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Copious Bronchitis</i>		How long <i>about 8 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. C. Moore &amp; L. J. L...</i>	
		Address <i>Oakland MD</i>	
Accident or Suicide?			



Name in Full:

Certificate of Death

Ervin Smith

Town

County

Died at

near Mc Henry

Garrett

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 18

Age 02

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Michael Smith

Maiden Name

Anna Englehart

Cause of

Primary

Pneumonia

How long sick

93 9 days

Death

Immediate

Cardiac failure

Accident, Suicide, Homicide

Reported by

R. A. Rapinsoff

Address

accident

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73898



Name  
in  
Full

## CERTIFICATE OF DEATH

William Smith

X

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Upper Patuxent Ind</i>		Town <i>Upper Patuxent Ind</i>		County <i>Garnett</i>		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>3</i>	Years <i>29</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>None</i>					
Name of Wife or Husband <i>Wend Sellers</i>							
Father's Name <i>don't know</i>		Father's Birthplace <i>-</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>-</i>					
Name of person giving information <i>George W. Moore</i>		How related to deceased <i>None</i>					

166

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Explosion at mine</i>	How long <i>instantly</i>
Immediate <i>" "</i>	How long

Are the name, age, sex, color, date and place correctly given above?

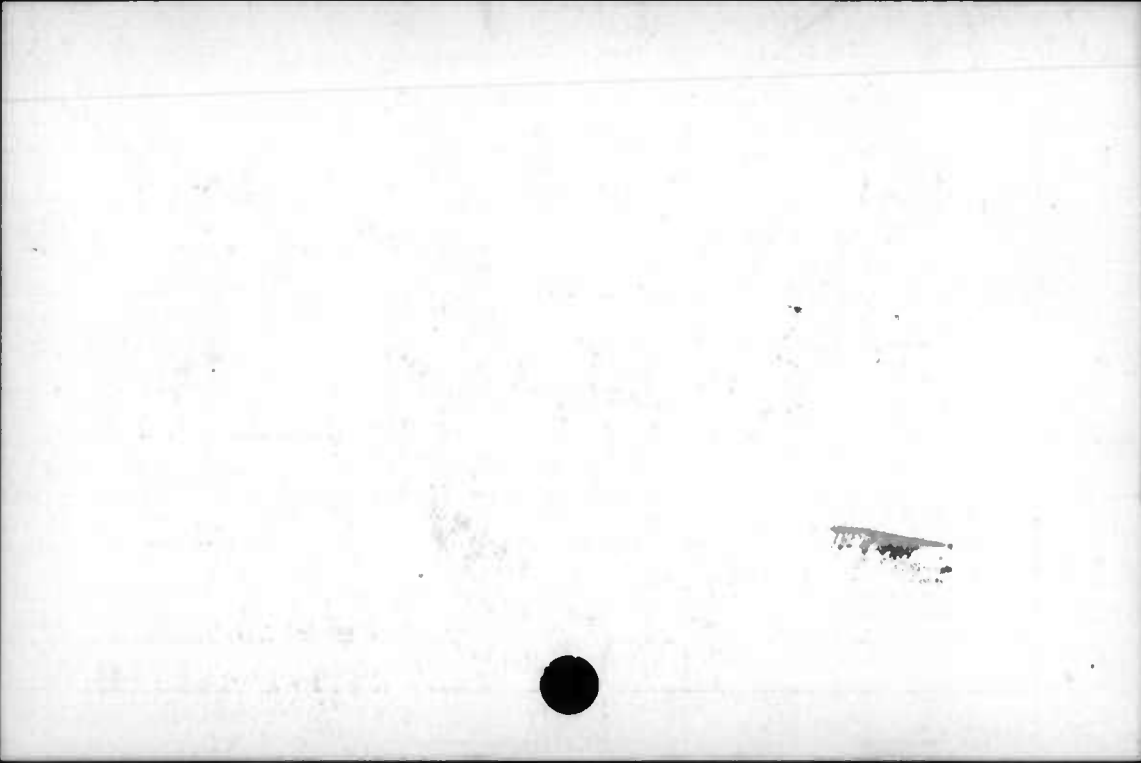
Yes

Signature of Physician

Address

*Geo W Moore*  
*St. Louis*  
*relative*

Accident



## Certificate of Death

## Town

County

Died at

MARYLAND

Month

Zav

M.

D.

Native of

Occupation

Date 19 03

19

Age 69-9.24



Farmer

Male

-White

Married

WELLOW

March 3

Number of children living

9

~~Handwritten~~ of ~~Handwritten~~ of

Father's  
Name

Mother's  
Maiden Name

### Cause of

### Primary

La Grippe

## Death

Immediate

*Philonthus*

How long sick

3 wks

~~Accident, Suicide, Homicide~~

Reported by

A. J. Mason Mad

Address

F. Henderville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

